## ORIGINAL

OFFICIAL FILE
[LLINOIS COMMERCE COMMERCEMENTS MANAGEMENT MANAGEMEN

ACCESS ONE, INC.

Application for a certificate of local and interexchange authority to operate as a facilities based carrier of telecommunications services in the State of Illinois

Appendix A of this document;

Docket No.

ICC Office Clas Only

CLax's Office Classes

## APPLICATION FOR CERTIFICATE TO BECOME A TELECOMMUNICATIONS CARRIER

GE	INBRAL		
1.	Applicant's Name (including d/b/a, if any)	FEIN#	36-3894321
	Access One, Inc.		
	Address: Street 125 N. Halsted Street, 4th Floor		
	City Chicago State/Zip IL 6	0661	
2.	Authority Requested: (Mark all that apply) X 13-403 Fac	cilities Based Inte	erexchange
	<u>X</u> 13-404 Res	sale of Local and	or Interexchange
	_X_13-405 Fac	ilities Based Loc	al
apı	4 or 13-405, waivers of Part 710 and of Section 735.180 of Part plications for interexchange service authority under Sections 20 and Part 735 are generally requested. Please indicate which X Part 710 Uniform System of Accounts for T X Part 735 Procedures Governing the Estable	13-403 and 13-4 n waivers Appli delecommunicat	404, waivers of Part cant is requesting.
	Termination of Service and Issuance of Telephon Telecommunications Carriers in the State of Illin	e Directories fo	
	X Section 735.180 Directories		
	X Other: Parts 720, 725, and 770, and any oth Illinois Commerce Commission.	ners deemed ap	propriate by the
	See Exhibit A, attached hereto.		
4.	For all applicants requesting local exchange authority under please complete the following:	Section 13-404	or Section 13-405,

(a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in

- (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
- (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
- (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.

See Exhibit B, attached hereto, for responses to (a), (b), and (c). The questions in Appendix D are not applicable as the Company does not intend to provide prepaid local telecommunications services.

5. In what area of the state does the Applicant propose to provide service?

Applicant proposes to provide facilities-based and resold local and interexchange telecommunications on a statewide basis. Applicant is currently authorized to provide resold telecommunications services on a statewide basis. See 96-0072 (Order dated 10/9/96).

- 6. Please attach a sheet designating contact persons to work with Staff on the following:
  - a) issues related to processing this application
  - b) consumer issues
  - c) customer complaint resolution
  - d) technical and service quality issues
  - e) "tariff" and pricing issues
  - f) 9-1-1 issues
  - g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address, if any.

See Exhibit C.

<ol><li>Please check</li></ol>	type o	of orga	anızatıor	ı:
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	Individual		
Partnership			
X	Corporation		
	Other (Specify)		

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

See Exhibit D. Because the Company was incorporated in Illinois, no certificate of authority to transact business in Illinois is necessary.

9. List jurisdictions in which Applicant is offering service(s).

Applicant is authorized, on a certification, registration, or non-registration basis, to provide the telecommunications services in the following states: Alabama, Arizona, California, Colorado, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas,

telecommunications services in any state, and Applicant is in good standing in each of these states. 10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name? \_ YES (Please provide details) \_\_\_\_ X \_\_ NO 11. Have there been any complaints or judgments levied against the Applicant in any other jurisdiction? \_\_\_\_ YES \_\_\_X\_\_ NO If YES, describe fully. 12. Has Applicant provided service under any other name? \_\_\_\_ YES \_\_X\_\_ NO 13. Will the Applicant keep its books and records in Illinois? X YES NO If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested. MANAGERIAL 14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms. See Exhibit E. 15. List officers of Applicant. Lance C. Honea, Chief Executive Officer and Secretary Brian Barkley, President and Treasurer Mark C. Jozwiak, Vice President Each of the above-named individuals may be contacted at Access One, Inc., 125 North Halsted Street, 4th Floor, Chicago, Illinois 60661; telephone (312) 441-1000; facsimile (312) 441-1010. 16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? \_\_\_\_ YES \_\_X\_ NO If YES, list entity.

Kentucky, Maryland, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Jersey, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Virginia, Washington and Wisconsin. Applicant has not been denied authority to provide

17.	How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)
	Applicant will bill its customers directly on a monthly basis. The billing statement will include
	all recurring and non-recurring charges and any applicable toll charges and telecommunications
	taxes, surcharges, and fees will be stated as separate line items. Applicant's billing policies for
	the provision of its local exchange services will comply with Part 735 of the Illinois
	Administrative Code.
18.	How does Applicant propose to handle service, billing, and repair complaints? (Ata minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission.)
	Please see Testimony of Lance C. Honea attached hereto as Exhibit A.
19.	Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? YES NO
20.	What telephone number(s) would a customer use to contact your company?
	Access One maintains two toll-free customer service numbers:
	(800) 804-8333 and (877) 222-3776.
21.	Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act? XYESNO
22.	Please describe Applicant's procedures to prevent slamming and cramming of customers.
	Access One adheres to the provisions of Illinois "slamming" legislation, Public Act 90-610 (Senate
	Bill 1567) and federal law governing the unauthorized change of carrier selection, including
	Section 64.1100 of the rules of the Federal Communications Commission, 47 C.F.R. § 64.1100.
	The Company does not switch a customer's presubscribed primary exchange or interexchange
	carrier or provide additional telecommunications services without explicit authorization. With
	respect to slamming, the Company is familiar with and complies with the notice and third-party
	verification procedures specified in applicable state and federal law. The Company does not use
	sweepstakes boxes or prize promotions to solicit authority to provide telecommunications services

23.	If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 735, 755, 756, 757, 770, and 772?
	X YES, unless specifically waived NO (If no, please provide an explanation.)
	As described herein and in the Testimony attached hereto as Exhibit B, Applicant requests a
	waiver of various Parts of 83 Illinois Administrative Code, specifically Parts 710, 720, 725,
	735.180, and 770, as well as any other waivers deemed appropriate by the Commission.
24.	Is Applicant aware that it must file tariffs prior to providing service in Illinois?
	X YES NO
PI)	NANCIAL
25.	Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.
	See Exhibit F, attached hereto, for copies of Applicant's (1) financial statements for the year ended December 31, 1999; and a (2) recent bank account statement (page 1 only) establishing that Applicant has cash reserves in excess of \$200,000.
TF	CHNICAL
26.	Does Applicant utilize its own equipment and/or facilities?YESX_NO
	If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities.
	If NO, which facility provider(s)'s services does Applicant intend to use? Applicant intends to
	provide service via resale and the purchase/lease of UNE platform and thus will rely on the
	equipment and/or facilities of other certificated facilities-based carriers, including Focal
	Communications Corporation and SBC/Ameritech.
27.	Please describe the nature of service to be provided (e.g., operator services, Internet, debit cards, long distance service, local service).
	Applicant proposes to provide facilities-based and resold local exchange and interexchange
	telecommunications services to business customers. Service will be available on a full-time basis.
	24 hours a day, seven days a week, where facilities and equipment permit. Applicant does not
	intend to provide prepaid local dialtone or prepaid calling cards.
28.	Will technical personnel be available at all times to assist customers with service problems?

29.				equipment utilized comply with FCC atered in Docket No. 84-0442 on June
				b) access to 9-1-1 and "0" operator
				yphones by disabled persons; (d) ability
	<del>-</del>		_	ration for local calls; and (f) a message
	<del>-</del>	• ,	•	tructions for emergency assistance,
				elems and method of receiving credit for
	faulty calls?	-	ng service prod NO	dems and method of receiving credit for
	laulty cans:	1ES	NO	
	NOT APPLICABLE: Appl	icant does not intend	to provide paypl	none service.
			-11	
			12-01	<del>7/</del>
				(Signature of Applicant)
			Lance C. Honea	(G

## **VERIFICATION**

This application shall be verified under oath.

OATH

State of Illinois ) ss County of Cook )
county of <u>cook</u>
Lance C. Honea makes oath and says that he is Chief Executive Officer and Secretary of Access One, Inc., that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.
4. 25.
Ja Car
(Signature of affiant)
Subscribed and sworn to before me, a Notary Public/ Melissa Belton (Title of person authorized to administer oaths) in the State and County above named, this and County above named, this and county above named.
in the State and County above named, this <u>O</u> day of <u>COUCLES</u>
Molipoolne
(Signature of person authorized to administer oath)

OFFICIAL SEAL
MELISSA BELTON
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 11/17/03

## **Exhibit List**

Exhibit A Requested Waivers

Exhibit B Testimony of Lance C. Honea

Exhibit C Contact Persons

Exhibit D Articles of Incorporation

Exhibit E Managerial and Technical

Qualifications

Exhibit F Financial Qualifications